POSITION! INITIALS ID NO. DATE FEE DETERMINATION O.I.P.E. CLASSIFIER FORMALITY REVIEW RESPONSE FORMALITY REVIEW

INDEX OF CLAIMS

~	Rejected	N	Non-elected
	Allowed	i i	Interference
-	(Through numeral) Canceled	Α	Appeal
÷	Restricted	0	Objected

÷	Restricted 0	05/00:00
Claim Date	Claim Date	Claim Date
Frail Frail	Original State Sta	Final Original
2 0	52	101
3 7	53	103
4 /	54	104
- 3	55	105
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10 0	60 -	110
11 0	_ 61	111
_ 11 <i>U</i>	62	112
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34 1/1	84	134
35 1	85	135
36 V	86	136
1 37 V	87	137
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If more than 150 claims or 10 actions staple additional sheet here